U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

F	or OfficiábUse Only
	( AUG 18205 )
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9845	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name John R Shields, Jr	Name Washington DC Building & Const Trades Council			
	Labor Organization File Number 036-366			
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 5829 Allentown Road	Street 5829 Allentown Road			
City Camp Springs	City Camp Springs			
State Maryland ZIP Code + 4 27046	State Maryland ZIP Code + 4 20746			
5 Position in labor organization Business Representative				
	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions)			

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name, if any)		7 a Nature of Interest, Transaction, or Income		
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
		7 b Amount		
Street				
City				
State	ZIP Code + 4			
-				

## Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed South	On	8/14/2004	301-899-8134		
		Date	Telephone Number		

Name of Person Filing John Shields, Jr	File Number U-				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name, if any)	9 Business deals with				
Name Kelly Press	a Labor Organization				
Trade Name, if any	b Trust  c Employer				
P O Box, Bldg , Room No , if any					
Street 1701 Cabin Branch Drive					
City Cheverly  State Maryland ZIP Code + 4 20785					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing Provides Printing Services				
Name					
Trade Name if any					
P O Box Bidg , Room No , if any Street					
City	11 b Approximate dollar value of such dealing \$80,000  12 a Nature of interest held or income received				
State ZIP Code + 4	Christmas Turkey				
	12 b Amount \$31				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.				
Name					
Trade Name, if any					
P O Box, Bldg , Room No , if any					
Street					
City					
State ZIP Code + 4					
13 b Is the Business an Employer or Consultant?	14 b Amount of payment				